## PROOF OF POSTING

1 _		(print name)		_, posted the		-OBLIC H	EARING
con	cerning Wa	iste Discharge Red	quirements for(Name of Discharger)				
1)	at the						
.''	(name of city hall or county courthouse)						
,	on	(date posted)					
2)	at the			(name of p	post office)		· ·
	on	(date posted)	······································				
3)	and at the			(facility publ	lic entrance)	1177711-00-10-10-10-10-10-10-10-10-10-10-10-1	
	on	(date posted)	*			·	. •
			· .		<del>-</del> .	(signat	ure)
		•			0000000111001-1111-1110000000000000000	(date	e)